



## DRIVING SCHOOL AND TRAFFIC VIOLATOR SCHOOL COMPLAINT

**PLEASE READ THE ATTACHED BROCHURE BEFORE COMPLETING YOUR COMPLAINT**

This form is to be used for complaints against Driving Schools or Traffic Violator Schools only. If you have a complaint against another type of Occupational Licensee please refer to the pamphlet "Problems With A Vehicle Purchase . . . Can DMV Help Me?". All complaints against other licensees are filed with the Division of Audits and Investigations.

**INVESTIGATIONS:** *Type or print the following information.*

DMV USE ONLY	
SCHOOL OL #	
DATE REC.	FILE #
CONFIRM LET DATE	JURIS
STOP CARD	DATE
REF TO FLD	REGION
WARNING LETTER	DATE
REPORT DATE	
REFER TO LEGAL DATE	
DISP	DATE

### COMPLAINANT (Person filing complaint)

NAME (FIRST, MIDDLE, LAST)

STREET OR P. O. BOX

DRIVER LICENSE OR ID NUMBER

CITY

STATE

ZIP CODE

DAY TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

### DRIVING SCHOOL OR TRAFFIC VIOLATOR SCHOOL COMPLAINT IS AGAINST

NAME OF SCHOOL

STREET OR P. O. BOX

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

### CLASSROOM LOCATION

STREET OR P. O. BOX

CITY

May we show a copy of your complaint to the business? ☐ Yes ☐ No

### DETAILS OF COMPLAINT

---

**DETAILS OF COMPLAINT, CONTINUED:**

---

---

The information contained in this form is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE

If more space is needed, attach an additional sheet of paper.

---

**MAILING DIRECTIONS**

---

If you are submitting any documents with your complaint, please send photocopies (e.g. cancelled checks, certificates, receipts, letters).

**DO NOT SEND ORIGINAL DOCUMENTS**

**PHOTOCOPY THE COMPLETED COMPLAINT AND KEEP FOR YOUR RECORDS**

Mail the complaint and copies of any supporting documents to:

Department of Motor Vehicles  
Occupational Licensing Branch  
Driving School and TVS Consumer Complaint Unit  
P. O. Box 932342  
Sacramento, CA 94232-3420

*THANK YOU FOR ASSISTING US IN OUR EFFORT TO RESOLVE YOUR COMPLAINT.*

---

---